

MAY 15 2006

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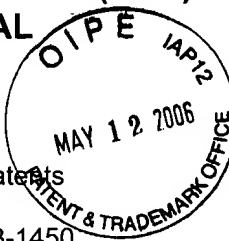
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REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



Application Number

09/622,491

Filing Date

September 5, 2000

First Named Inventor

Ernst Messerschmid

Art Unit

2612

Examiner Name

Brian A. Zimmerman

Attorney Docket Number

1319.GLE.PT

HCE
IPW

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. **Submission required under 37 C.F.R. §1.114**

a. ☐ Previously submitted

i. ☐ Consider the amendment(s)/reply under 37 C.F.R. §1.116 previously filed on _____
(Any unentered amendment(s) referred to above will be entered).

ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____

iii. ☐ Other _____

b. ☒ Enclosed

i. ☒ Amendment/Reply

ii. ☐ Affidavit(s)/Declaration(s)

iii. ☐ Information Disclosure Statement (IDS)

iv. ☐ Other _____

2. **Miscellaneous**

a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required)

b. ☒ Other post card

3. **Fees** The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed.

a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 50-0881.

05/16/2006 CNGUYEN 00000023 09622491

i. ☐ RCE fee required under 37 C.F.R. §1.17(e)

01 FC:2801

395.00 OP

ii. ☐ Extension of time fee (37 C.F.R. §§ 1.136 and 1.17)

iii. ☒ Other: Charge any additional fees and credit any overpayment.

b. ☐ Check in the amount of \$ _____ enclosed

c. ☒ Payment by credit card. (Form PTO-2038 enclosed)

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED

Name (Print/Type)	Julie K. Morriss	Registration No. (Attorney/Agent)	33,263
Signature	<i>Julie K. Morriss</i>	Date	5-12-06

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Mail Stop RCE, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Name (Print/Type)	Julie K. Morriss	Express Mail No.	EV 818339649 US
Signature	<i>Julie K. Morriss</i>	Date	5-12-06

FEE TRANSMITTAL for FY 2005

Complete if Known

Application Number 09/622,491
 Filing Date September 5, 2000
 First Named Inventor Ernst Messerschmid
 Examiner Name Brian A. Zimmerman
 Art Unit 2612
 Attorney Docket No. 1319.GLE.PT

☒ Applicant claims small entity status. See 37 CFR 1.27

 TOTAL AMOUNT OF
 PAYMENT

(\$) 395

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: **50-0881** Deposit Account Name: **Morriss O'Bryant Compagni, PC**
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3, or for Reissues, each independent claim more than in the original patent	200	100
Multiple Dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
-20 or HP= _____	X _____	= _____		Fee (\$)
HP= highest number of totals claims paid for, if greater than 20				
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	
-3 or HP= _____	X _____	= _____		
HP= highest number of independent claims paid for, if greater than 3				

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35. U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s)

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100= _____	/50= _____	(round up to a whole number) x _____	= _____	

4. OTHER FEE(S)

Fees Paid (\$)

Other: Request for Continued Examination

\$395

Other: _____

SUBMITTED BY

Name (Print/Type)	Julie K. Morriss	Registration No.	33,263	Telephone	(801) 478-0071
Signature	<i>Julie K. Morriss</i>	Date	5-12-06		